PTO/SB/06 (08-0

	ATENT A			TERMINATI	ON RECORI)		olication or 1			7
CLAIMS AS FILED - PART ((Column 1) (Column 2)							LL EI	NTITY	OR	OTHER T	
FOR N			BER FILED	NUMBER	NUMBER EXTRA		ΓE	FEE		RATE	FEE
BASIC FEE								s	OR		s890
	L CLAIMS	. 0	24 minu	20 • •	4	x \$	-		OR	x\$ =	72,-
INDE	PENDENT CLA	IMS	6 mileus 3 =		• 3				OR	x=	252-
MULTIPLE DEPENDENT CLAIM PRESENT (D'CFR LIGHT)					V	<u>-</u>	=		OR	+	280,-
) if the	difference is colum	n) is less then ze	ra, enter "O" in colum	n 2		тот	AL		OR	TOTAL	1497,-
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMA	IL E	NTITY	OR	OTHER T	
ENTA		CLAIMS REMAININ AFTER AMENDME		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Œ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total D7 CFR 1.15(c))	• 26	Minus	•• 24	- 2	x \$_	-	0	OR OR	x \$	100.00
ME	Independent ()1 CFR L1(%))	. 8	Minus	••• <i>(</i>	= 2	×		0	OR	×	400,00
^	FIRST PRES	ENTATION O	F MULTIPLE DE	PENDENT CLAIM	(37 CFTL 1.16(d))	!			OR	+ -	
(Column 1) (Column 2) (Column 3)							AL EE		OR A	TOTAL DOIT. FEE	500 00
ENT B		CLAIMS REMAININ AFTER AMENDME	iG A	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ne.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MQ	Total (07 CFR 1.1649)	•	Minus	••	=	k \$			OR OR	× \$=	
AMENDMENT	independent (32 CFR 1.16(b))	٠	Minus	***	=	x	_ =		OR	×	
		ENTATION O	F MULTIPLE DE	PENDENT CLAIM	(37 CFR 1.14(4))	11-			OR	+=	
(Column 1) (Column 3) ADDIT. FEE ADDIT. FEE											
ENTC		CLAIMS REMAININ AFTER AMENDME	IG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
IDM	Total (17 CFR 1,16(c))	•	Minus	**		× 5_	_ -		OR OR	x \$=	
AMENDMENT	Independent ()7 CF2 1.16(b))	*	Minus	***	-	×_	_=		OR	×=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (1) CFR.1.14(4)] +_			OR	·	. 1
—	Tibe entry in rolls	mn 1 is less tha	in the entry in colu	ma 2, write "0" in col	forms 3.	ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE	
** [the "Highest Nu	mber Previously	Paid For IN THE	ma 2, write "0" in col S SPACE is less than S SPACE is less than Independent) is the hi	1 antes "1"			e box in colu			

the ringues running receiving year for (time or anoependent) is the nignest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete, I time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be set to the Chief information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SENIO FEES OR COMPLETED FORMS TO THIS ADDRESS. SENIO TO: Assistant Commissioner for Patents, Washington, DC 20231.